

NFL**CONCUSSION SETTLEMENT**IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION
No. 2:12-md-02323 (E.D. Pa.)**REQUEST FOR CHANGE IN REPRESENTATION STATUS**

Use this form to update your representation status in the NFL Concussion Settlement Program. You can use this form to notify the Claims Administrator that you have changed lawyers, added representation when you previously were unrepresented, or removed representation and will proceed as unrepresented.

I. SETTLEMENT CLASS MEMBER INFORMATION**Settlement Program ID:****Name:**

First

Reginald

M.I.

Last

J

Hayward

II. CHANGE FROM ONE LAWYER TO ANOTHER LAWYER

Complete this Section if you have been represented by a lawyer and are notifying the Claims Administrator of the change to your being represented by a different lawyer. Only one lawyer can represent each Settlement Class Member.

Prior Lawyer:

Law Firm Name

Pro Athlete Consulting

Lawyer First Name

David

M.I.

Lawyer Last Name

Levine

Suffix

New Lawyer:

Law Firm Name

Douglas Grossinger Law Firm

Lawyer First Name

Douglas

M.I.

Lawyer Last Name

Grossinger

Suffix

Street

200 Monument Rd Ste 11

Suite

City

Bala Cynwyd

State/Province

PA

Postal Code

19004

Country

USA

Email

dgrossinger@grossinger4justice.com

Telephone

(610) 304-2012

III. REMOVE REPRESENTATION BY CURRENT LAWYER

Complete this Section if you have been represented by a lawyer and are notifying the Claims Administrator of your removal of representation by that lawyer.

Prior Lawyer:

Law Firm Name

Lawyer First Name

M.I.

Lawyer Last Name

Suffix

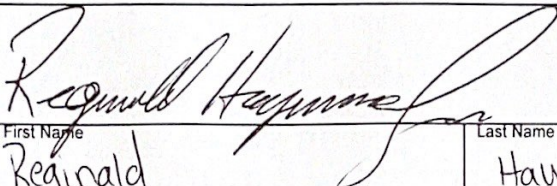
IV. ADD REPRESENTATION FOR LAWYER

Complete this Section if you have been unrepresented and are notifying the Claims Administrator of your representation by a lawyer.

New Lawyer:	Law Firm Name			
	Lawyer First Name	M.I.	Lawyer Last Name	Suffix
	Street			Suite
	City		State/Province	
	Postal Code		Country	
	Email		Telephone	

V. SIGNATURE

I ask the Claims Administrator to change my representation status as set forth above.

Class Member Signature:			Date:	<u>8/2/21</u> (Month/Day/Year)
Name:	First Name <u>Reginald</u>	Last Name <u>Hayward</u>	M.I. <u>J</u>	

Submit this form using one of the methods listed below. If you have portal access, you can also upload a completed copy of this form to your file.

By Email:	ClaimsAdministrator@NFLConcussionSettlement.com
By U.S. Mail:	NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260
By Delivery:	NFL Concussion Settlement c/o BrownGreer PLC 250 Rocketts Way Richmond, VA 23231